REMARKS

Claims 1-7 are pending in this application. Further reconsideration is requested based on the following remarks.

Response to Arguments:

The Applicants appreciate the consideration given to their arguments. The Applicants, however, are disappointed that their arguments were not found to be persuasive. The final Office Action asserts in section 7(A), at page 10, from lines 7-10 that:

> Joao further teaches an extensive communication network between the various healthcare-related participants whereby information (e.g., referral information, hospital information, patient examination information, etc.) can be transmitted multi-directionally to the various healthcare-related participants.

This is submitted to be incorrect. Joao mentions no *referral* information at all, let alone "accepting patient information from referrer medical institutions as patient referral sources," as recited substantially in all of the claims. Joao, rather, is about processing information about a patient's symptoms and condition, applying healthcare information, theories, principles, and research to them, and generating a diagnostic report. In particular, as described in the Abstract:

> An improved apparatus and method for providing healthcare information, the apparatus comprising a processor for processing at least one of symptom information and condition information corresponding to a patient, in conjunction with at least one of healthcare information, healthcare theories, healthcare principles, and healthcare research, wherein the processor generates a diagnostic report, and further wherein the diagnostic report contains information regarding at least one of a diagnosis and a possible diagnosis for the at least one of symptom information and condition information.

.Since, in Joao, the system processes the patient's symptoms and condition and generates a diagnostic report, there will be no need to provide a referral to the patient, let alone "accepting patient information from referrer medical institutions as patient referral sources," as recited in the claimed invention.

The final Office Action asserts further in section 7(A), at page 10, from lines 10-14 that:

> Joao still further teaches that any healthcare-related participant may utilize the present invention in the same, similar, and/or analogous manner (e.g., a primary hospital, secondary hospital, physician, intermediary, et alia, can be designated as the referrer medical institution, etc.).

This is submitted to be incorrect. Joao mentions no *referrer* medical institution at all, let alone "accepting patient information from referrer medical institutions as patient referral sources," as

recited substantially in all of the claims. Joao, rather, is about processing information about a patient's symptoms and condition, applying healthcare information, theories, principles, and research to them, and generating a diagnostic report, as discussed above.

Finally, the final Office Action did not address any of the arguments in the Applicants response filed December 5, 2005 pertaining to inapplicability of the Brinkman reference, even though that reference is being applied in the final Office Action as the sole reference against claim 7, which includes substantially only elements that were also recited in the originally filed claims. The Applicants request respectfully some response to those arguments as well. Further reconsideration is thus requested.

Claim Rejections - 35 U.S.C. § 102:

Claim 7 was rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 6,697,783 to Brinkman et al. (hereinafter "Brinkman"). The rejection is traversed.

The second clause of claim 7 recites,

> Accepting patient information from referrer medical institutions as patient referral sources.

Brinkman neither teaches, discloses, nor suggests, "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7. In Brinkman, rather, an *operator* provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7. Neither a caller nor information stored on the system is a "referrer medical institution," as recited in claim 7.

The operator in Brinkman, in fact, is generating the referrals, not the other way around. In particular, as described at column 4, lines 29-39:

> In accordance with the preferred embodiment of the present invention, a computer system contains one or more databases which include member profiles, clinical information and guidelines, pharmaceutical information and guidelines, health benefit information, and optional additional information. A caller establishes communication with the system, which automatically directs the caller to an operator who provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system.

Since, in Brinkman, an operator provides the caller with medical, pharmaceutical, and/or health benefit advice based on an inquiry from the caller and the information stored on the system,

Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7.

One problem with cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as described in the specification beginning at line 19 on page 1, is that she/he may first choose as the hospital for referral a hospital at which a doctor she/he knows is affiliated, or a hospital to which she/he has a personal connection. In other words, it is not always the case that the referral letter is written to the most appropriate hospital. And even if an operator is able to learn of a hospital having a specialist or testing equipment that is appropriate in light of the results of a patient examination, if it is the first time that the hospital making the referral is making a patient referral with that hospital, it will have difficulty identifying the section and doctor to whom the referral letter should be addressed, and will have trouble making contact in order to schedule an appointment.

The claimed invention, in contrast, may ameliorate the sorts of issues posed by cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as explained in the specification beginning at line 16 on page 3, by providing a health care information system that stores information on referee medical institutions that are relatively large or have specialists for certain diagnoses, treatments, or diseases; selects an appropriate referee medical institution based on examination information input by a doctor at a clinic or relatively small hospital; assists in the transmission of a referral letter from the medical institution making the reference; and also assists when a referee medical institution sends back a patient examination report. Thus, in the claimed invention, in contrast to Brinkman, an appropriate referee medical institution is selected based on examination information input by a doctor at a clinic or relatively small hospital, rather than by the operator. The risks of self-dealing, carelessness, or ignorance inherent in the operator-controlled referrals of Brinkman may be reduced thereby.

Neither of the other passages in Brinkman cited in the final Office Action at page 3, paragraph 3(A)(i), at column 6, lines 63-67, or at column 7, lines 41-50, describe "accepting patient information from referrer medical institutions as patient referral sources," either.

Furthermore, in Brinkman, the *system* provides the client/operator with additional information from the member profile database 709 about the caller, as shown in Fig. 7, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7. Member profile database 709 is not a "referrer medical institution," as recited in claim 7. In particular, as described at column 9, lines 43-50:

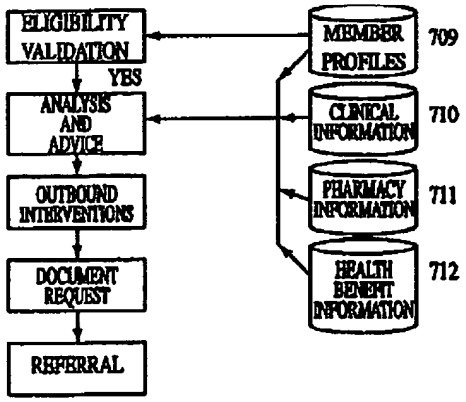
> If the system verifies that the caller is eligible to access the system, the system provides the client/operator with additional information from the member profile database 709 about the caller, such as the caller's name and dependent name(s), address, city, state, zip code, telephone number, health benefit plan information, prescription drug history, self-reported health information, and recent contact history.

Since, in Brinkman, the system provides the client/operator with additional information from the member profile database 709 about the caller, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7.

Furthermore, in Brinkman, the *system* provides the client/operator the ability to access databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, as shown in Fig. 7, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7. Neither databases that store clinical information 710, pharmaceutical information 711, nor health benefit information 712 are "referrer medical institution," as recited in claim 7. In particular, as described at column 10, lines 30-40:

> Referring again to FIG. 7, the system also provides the operator the ability to access databases that store clinical information 710 such as clinical guidelines, rules, algorithms, operating protocols, and/or procedures to help the operator identify recommended forms of treatment, medications, or courses of action, and to thus counsel the caller accordingly; pharmaceutical information 711 such as prescription drug side effects and complications that may be associated with particular drugs or combinations of drugs; and health benefit information 712 such as insurance company rules, member information, and benefit plan resources.

The fact that the *system* provides the client/operator the ability to access databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, may also be seen clearly in the excerpt of Fig. 7 reproduced below.

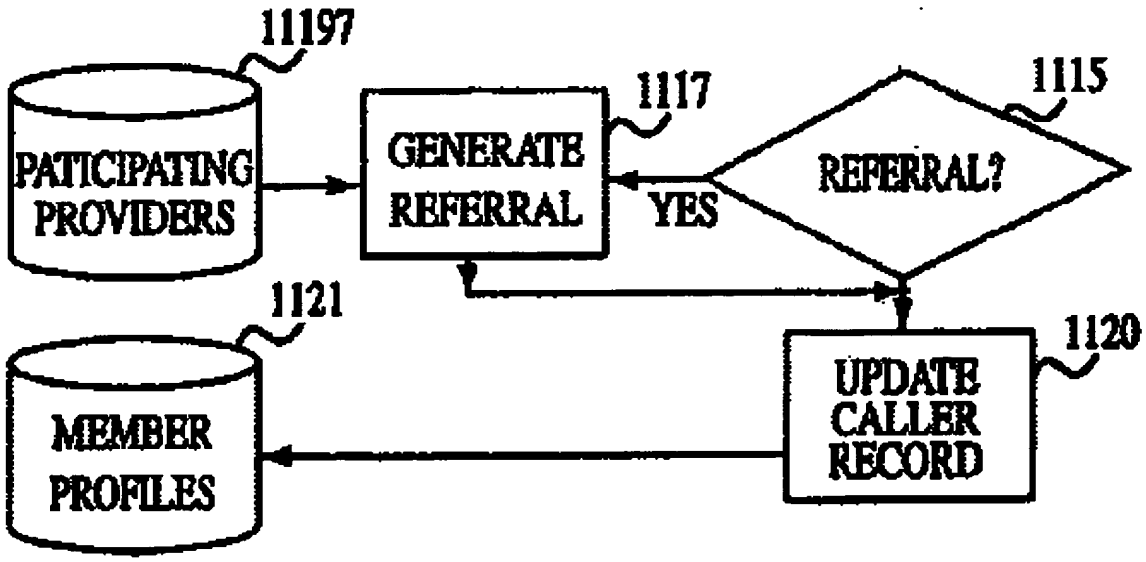


Since, in Brinkman, the system provides the client/operator the ability to access databases that store clinical information 710, pharmaceutical information 711, or health benefit information 712, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7.

Finally, in Brinkman the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, as shown in Fig. 11, rather than "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7. The operator in Brinkman, in fact, is generating the referrals, not the other way around. In particular, as described at column 10, lines 30-40:

> Depending on the nature of the advice provided to the caller, the operator may determine that a referral is necessary 1115, and generate a referral 1117 so that the caller may visit a participating provider. The system may optionally include a participating provider database 1119 to assist the operator in generating the referral.

The fact that the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, may be also seen clearly in the excerpt of Fig. 11 reproduced below.



Since, in Brinkman, the *operator* may determine that a referral is necessary, and generate a referral so that the caller may visit a participating provider, Brinkman is not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 7.

Claim 7 is submitted to be allowable. Withdrawal of the rejection of claim 7 is earnestly solicited.

Claim Rejections - 35 U.S.C. § 103:

Claims 1-5 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman in view of U.S. Patent No. 6,038,566 to Tsai (hereinafter "Tsai"), U.S. Patent No. 5,911,687 to Sato et al. (hereinafter "Sato"), and U.S. Patent No. 6,283,761 to Joao (hereinafter "Joao"). The rejection is traversed. Reconsideration is earnestly solicited.

The third clause of claim 1 recites:

> Accepting patient information from referrer medical institutions as patient referral sources.

Brinkman neither teaches, discloses, nor suggests "accepting patient information from referrer medical institutions as patient referral sources," as discussed above with respect to the rejection of claim 7. Neither Tsai, Sato, nor Joao does either, and thus none of them can make up for the deficiencies of Brinkman with respect to claim 1. Neither Tsai, Sato, nor Joao, in fact, mentions patient referrals at *all*. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the final Office Action, the claimed invention would not result.

Tsai, for example, is about a schema-based navigational layer is used on top of conventional physical, logical and conceptual database schema layers, to dynamically map data stored in a relational database onto web pages, not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. In particular, as described in the Abstract of Tsai:

> Relational databases are browsed in a manner that mirrors the interactive browsing of world wide web pages. A schema-based navigational layer is used on top of conventional physical, logical and conceptual database schema layers, to dynamically map data stored in a relational database onto web pages. The navigational schema or schema base is an independent abstraction from the underlying conceptual database schema. The schema base is constructed from relationships and information models. The schema base can be reused or derived from the database design process or produced specifically for navigation through the database. An object-role schema base is used to demonstrate the traversal of relational information in a regenerative, propagative manner. Navigating a database via the presented schema extends the conventional database concept of the logical view to an interactive model of logical view-transitions. The technique is a simple and powerful model for automated access to relational databases making available vast amounts of data stored in relational databases for Internet and intranet web browsing.

Since Tsai is about a schema-based navigational layer is used on top of conventional physical, logical and conceptual database schema layers, to dynamically map data stored in a relational

database onto web pages, Tsai has no interest in, let alone disclosure of, "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

Sato, similarly, is about a system that searches a doctor database on the basis of patient information including the condition of the disease of a certain patient input from the patient terminal, selects the corresponding doctor, and requests that the selected doctor take charge of examination and treatment for the aforementioned certain patient, not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. In particular, as described in the Abstract of Sato:

> The present invention is a wide area medical information system and a method using thereof comprising a wide area network, a plurality of doctor terminals and patient terminals connected to the wide area network, and a management server including at least an electronic case record file storing clinic information for patient's and a doctor database storing data of a plurality of doctors, wherein the system searches the doctor database on the basis of patient information including the condition of the disease of a certain patient input from the patient terminal, selects the corresponding doctor, requests that the selected doctor take charge of examination and treatment for the aforementioned certain patient, registers the correspondence between the approved doctor and the aforementioned certain patient in the electronic case record file, gives the right to access the clinic information of the patient to the approved doctor, and executes the online examination and treatment via the doctor terminal and patient terminal, so that a patient existing in a wide area can receive remote examination and treatment services of high satisfaction and medical treatment related services other than examination and treatment without depending on the location.

Since Sato is about a system that searches a doctor database on the basis of patient information including the condition of the disease of a certain patient input from the patient terminal, selects the corresponding doctor, and requests that the selected doctor take charge of examination and treatment for the aforementioned certain patient, Sato has no interest in, let alone disclosure of, "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

Finally, Joao is about processing information about a patient's symptoms and condition, applying healthcare information, theories, principles, and research to them, and generating a diagnostic report, not "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1. In particular, as described in the Abstract of Joao:

> An improved apparatus and method for providing healthcare information, the apparatus comprising a processor for processing at least one of symptom information and condition information corresponding to a patient, in conjunction with at least one of healthcare information, healthcare theories, healthcare principles, and healthcare research, wherein the processor generates a diagnostic report, and further wherein the diagnostic report contains information

> regarding at least one of a diagnosis and a possible diagnosis for the at least one of symptom information and condition information.

Since, in Joao, the system processes the patient's symptoms and condition and generates a diagnostic report, there will be no need to provide a referral to the patient, let alone "accepting patient information from referrer medical institutions as patient referral sources," as recited in claim 1.

The eighth clause of claim 1 recites:

> Electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions.

Neither Brinkman, Tsai, Sato, nor Joao teach, disclose, or suggest, "electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions." Neither Tsai, Sato, nor Joao mentions patient referrals at *all*, as discussed above, let alone "electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions," as recited in claim 1. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the final Office Action, the claimed invention would not result. Claim 1 is submitted to be allowable. Withdrawal of the rejection of claim 1 is earnestly solicited.

Claims 2-5 depend from claim 1 and add additional distinguishing elements. Claims 2-5 are thus also submitted to be allowable. Withdrawal of the rejection of claims 2-5 is earnestly solicited.

Claim 6:

Claim 6 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman and in view of Joao and Sato. The rejection is traversed. Reconsideration is earnestly solicited.

The third clause of claim 6 recites:

> Accepting patient information from referrer medical institutions as patient referral sources.

Brinkman neither teaches, discloses, nor suggests "accepting patient information from referrer medical institutions as patient referral sources," as discussed above with respect to the rejection of claim 7. Neither Joao nor Sato does either, and thus neither of them can make up for the deficiencies of Brinkman with respect to the rejection of claim 1. Neither Joao nor Sato, in fact,

mentions patient referrals at *all*. Thus, even if Brinkman, Joao, and Sato were combined, as proposed in the final Office Action, the claimed invention would not result.

Claim 6 is thus submitted to be allowable, for at least those reasons discussed above with respect to the rejections of claims 1 and 7. Withdrawal of the rejection of claim 6 is earnestly solicited.

Conclusion:

Accordingly, in view of the reasons given above, it is submitted that all of claims 1-7 are allowable over the cited references. Allowance of all claims 1-7 and of this entire application is therefore respectfully requested.

If there are any formal matters remaining after this response, the Examiner is requested to telephone the undersigned to attend to these matters.

If there are any additional fees associated with filing of this Amendment, please charge the same to our Deposit Account No. 19-3935.

Respectfully submitted,

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